



Kentucky Department of Housing, Buildings, and Construction
Division of HVAC
Contractor Paper-and-Pencil Examination Application

STEP 1: Enter your name, address, and other candidate information.

Exam Candidate Information—PRINT LEGIBLY		ALL FIELDS BELOW REQUIRED EXCEPT AS NOTED.	
Full Legal Name: _____		ICC or Pearson ID _____ <small>(if you have tested previously)</small>	
Mailing Address: _____		City: _____ State: _____ Zip: _____	
(____) _____ Primary Telephone Number: ____ Home ____ Work		(____) _____ Secondary Number (optional)	
E-mail: _____			

STEP 2: Select your exam date and site at which you wish to test.

EXAMINATION SITES AND CORRESPONDING EXAMINATION DATES
(Sites are subject to change)

- ☐ Kentucky Department of Housing, Buildings, and Construction Division of HVAC
101 Sea Hero Rd., Suite 100
DHBC Conference Room
Frankfort, KY 40601

NOTE: Examination applications are accepted on a first-come, first-serve basis. If your application is received after an administration is full, you will automatically be scheduled for the next examination testing date.

EXAM DATES	DEADLINE TO REGISTER
<input type="checkbox"/> June 8, 2013	May 10, 2013

STEP 3: Read the Important Notes section.

Important Notes

- Applications may be submitted by U.S. mail, courier, fax, or online at www.iccsafe.org/contractor.
- Applications must be postmarked by the deadline date.
- Examination fees are non-refundable. Exceptions are outlined in the Information Bulletin.
- A photo identification, such as a driver's license, will be required for admittance to the examination.
- References needed for taking the exams can be purchased from the Code Council by calling 1-800-786-4452 or at www.iccsafe.org/store.
- A letter will be forwarded to you confirming this registration approximately two weeks prior to the examination administration date.
- If you have a physical disability that prohibits you from taking an examination under standard conditions, you may request special arrangements. Your letter of request must accompany this application, along with a completed special accommodations form. This form may be obtained by telephoning us at 1-888-422-7233. The request must be submitted and approved by the Code Council by the registration deadline for the test you wish to take.

————— **Both pages of this application must be completed to process.** —————

OFFICE USE ONLY			
Candidate ID: _____	Requirements met: _____	Date processed: _____	Initials: _____

STEP 4: Select the exam you wish to take.

Exam ID and Title

Starting Time

- ☐ 598 KY Journeyman HVAC
☐ 597 KY Limited Journeyman Installer Mechanic
☐ 596 KY Limited Journeyman Duct Mechanic

8:00 a.m.
8:00 a.m.
8:00 a.m.

STEP 5: Enter your billing information.

Billing Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

(____) _____ (____) _____
Business Telephone Number Fax Number ICC Member #

Full payment must be submitted with all applications.

Total Amount: **\$ 100.00**

Method of Payment Provided: ☐ Check/Money Order (Payable to ICC) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name as it appears on credit card: _____

Signature: _____

Credit Card Number

Expiration Date:

Month

Year

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STEP 6: Sign your application, attesting all information entered is true.

I have a copy of the current ICC Examination Information Bulletin for my exam program. (If you do not have a copy of the Bulletin, go to www.iccsafe.org/contractor.)

I hereby certify that I am the person indicated above that all the information I have given herein is true and complete to the best of my knowledge, and that any false statement will be cause for voiding this application and/or subsequent applications.

I authorize my score to be reported to each licensing jurisdiction in the examination program.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone. I hereby affirm that I will abide by the rules of the examination that are found in the ICC Examination Information Bulletin for my exam program.

Signature: _____ Date: _____

Printed Name: _____

Return this completed application in its entirety along with the appropriate fees to:

**International Code Council
Certification & Testing Department
900 Montclair Road
Birmingham, Alabama 35213-1206
Fax: 205-599-9884**